STATE OF MARYLAND—CERTIFICATE OF DEATH

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c. 1					

1. PLACE OF DEATH	a o
County A. P.	Registration Dist. No. 23
Village or City Luitlieuce Aly to	NoSt Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MANUEL K. Man	eest (AMENT)
(a) Residence: No. Amathasul Roll I. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
Hysband of (or) WIFE of septe M. Assert	22. Of HEREBY CERTIFY, That I attanded deceased from 14, 19.3.5, to Office 15, 19.3.5
6. DATE OF BIRTH (month, day, and year)	I last sawh aliva on Offril 3, 19.35; daath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at
ormin,	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
S Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	asplayxiated due to
9, Industry or business in which work was done, as SILK MILL.	from on hachia by Boths
SAW MILL, BANK, atc	Scute Dilatition of
this occupation (month and spant in this occupation year) occupation	Klash Simple goithe is meant some
12. BIRTHPLACE (city or town) Tuilsafelphia (State or country)	Othar Contributory Causes of importance: Lion & four or five years Cure
13. NAME Ludwick Altrea lolo	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Ulluce Was there an au'opsy?
15. MAIDEN NAME atleguise Halin	23. If death was due to external causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Il Cold of the Cold of t	Accident, suicide, or homicide?
17. INFORMANDES OFFICE OF Handres	Whare did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place touchere Park Date Peul 19-, 19035	Natura of injury Lefeller Henry
THOMAS LONG	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER AND SHAPERS TOWN (Address) 1320 CE Second Place CO	if so, specify
20, FILED 41/6 , 1935 Dr. Beella	(Signed) Helly Herring M. D.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	1	Example II	
The principal cause of death and related causes of importance were as follows? Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			145-1111

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



STATE OF MARYLAND—CERTIFICATE OF DEATH infor-1. PLACE OF DEATH 210-m of pluods Registration Dist. No. item _Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in pity or town where death occurred Now long in U.S. if of foreign birth?_____yrs.____mos.____ds. statement Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write-the word) 20 (Month) (Day) (Year) BINDING classified 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attanded deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year). : death is said properly 7. AGE Months Days If LESS than to have occurred on the date stated above, at ______m 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance 16 or min. Date of onset 8. Trade, profession, or particular THIS kind of work done, as SPINNER, of MARGIN RESERVED SAWYER, BOOKKEEPER, etc... may back plnods Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ on Date dacaasad last worked at 11. Total time (years) this occupation (month and spent in this that occupation _. instructions Othar Contributory Causes of Importance 12. BIRTHPLACE (city or town (Slate or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation lain (State or country) efully ----- Was there an autopsy?-----What tast confirmed diagnosis? p MOTHER important. OF DEATH 16. BIRTHPLACE (city or town (State or country (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME_or In PUBLIC PLACE. CREMATION, OR REMOVAL Mennar of Injury WRITE CAUSE mation __Date_ Nature of Injury 24. Was disease or injury in any way raleted to occupation of deceased 19. UNDERTAKER (Address If so, specify 7 Registrar.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

0	should state	1. PLACE OF DEATH County	Registration Dist. No.
	- S -	Village or City Annahales (If Length of residence in city or town where death occurred	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth? yrs. mos. ds.
	RD. Every PHYSICIANS of statement	2. FULL NAME (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	RE PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NG L	ANENT REACTLY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Dey) (Yeer)
BINDI	RM X cla	6. DATE OF BIRTH (month, day, and year)	22. HEREBY CERTIFY That I ettended deceased from Nauch 25, 19, 35, to april 19, 35 I lest saw h
FOR B	IS A PE stated E properly certificate	7. AGE Years Months Deys I day,hrs.	to have occurred on the date stated above, at
_	HIS be be of	8 Trade, profession, or particular kind of work done, as SPINNER,	Cerebral Alimonhage 3.25.
RESERVED	INK_T should t it may on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
	NFADING I pplied. AGE erms, so that instructions of	12. BIRTHPLACE (city or town) (Stete or country)	Other Centributery Causes of importance:
MARGIN	UNFA supplied n terms, ee instr	The state of the s	lula
MA	sup sup in to	13. NAME MARCHART 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
	WITH refully in pla	15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	L. L.Y, WI dd be careful DEATH in p	17. INFORMANT Matte Hoff	Accident, suicide, or homicide?
	-WRITE PLA mation should CAUSE OF D FION is very	18. BURIAL, CREMATION/OR REMOVAL Plece Dusy - John Date 4-5 195	Menner of Injury
No. 1	B.—WRIT mation CAUS TION	19. UNDERTAKER CAMBOL ALCOS RECORDED TO THE CONTROL OF THE CONTROL	24. Was disease or injury in any way releted to occupation of deceased? 100
>	z T	20. FILED 4. 5 , 19 357 SMENT Registrar.	(Signed) Longe Lyb. (Address) Chief Gold Myb.
		15 more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Ex	ample 1		Example II	
The principal cause of deat of importance were as follo	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE WATER STATES	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	41.47	c 1921	Run over by street car	1 week ago
Cerebral hemorrhage	1811116121411111	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	N

TION is very important. See instructions on back of certificate.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH			(ha)
County Anne Ar	undel		Registration Dist. No. 21
Village or City Back Cree Length of residence in city or town where		(1)	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME ELENORA			
(a) Residence: No. Bembe's		Back Cre	Bekst., Ward. If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCE Singl	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 30 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. 1 HEREBY CERTIFY, That I attended deceased from 19.3 4, to 25.00 19.3 5
6. DATE OF BIRTH (month, day, and yeer)	lay 16.	1893	I last saw her alive on Of C. 29 2 , 19.3 2; death is said
7. AGE Years Months 42 11	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 13. NAME 14. County Maryland.			Metastasized of over the abdorner Other Contributory Causes of importance: Orismany esacinomal of the interns.
14. BIRTHPLACE (city or town)	Germany		Name of operation
15. MAIDEN NAME Marie Wi	lde	government	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Marie Wi	rmany		Accident, suicide, or homicide?
17. INFORMANT Mrs. Emma Jo (Address) Eastport, Md			Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR PEMOYAL Place Color Colored	Date 3	31930	Nature of injury
19. UNDERTAKER John M. Tayl (Address) Anna polis, M	er. Mu	y Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 038	07
1. PLACE OF DEATH	(121) n \ *	
County Chance Chundel	WITHIN Registration Dist. No. 7.	
Village or City Classapolis (If	ND. Consulgence Hospital St., 2 death occurred in a hospital or institution give its NAME instead of street and number	Ward
Length of residence in city or town where death occurredyrsmos		ds
2. FULL NAME Clinabelle Harper to	Towers	
(a) Residence: No. Munior	St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Consider Solution of Divorced (write the word) Solution of Divorced (write the word)	21. DATE OF DEATH (Month) (Bay) (193)	S Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22, I HEREBY CERTIFY, That I attended decease	sed from
(or) WIFE of Leage W. Dowers	april 10, 1935, 10 Cepril 17, 1	1935
6. DATE OF BIRTH (month, day, and year) Nov 12 4 1895	Mast saw here alive on Capril 17, 1934, deal	th Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 8	
40 3 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	e of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	appendectomy and right	-3-2
SAWYER, BDOKKEEPER, etc.	dophorectory V de	18!
SAW MILL, BANK, etc		
12. BIRTHPLACE (city or town) West Va. (State or country)	Other Contributory Causes of importanca: Streptococcie paritorites	2
14. BIRTHPLACE (city or town) Chio	Name of operation as above Date of 4-1	11-3
(State of Country)	What test confirmed diagnosis? Useloffing & Cur Was there an autops	yr ge
15. MAIDEN NAME Lelian Year 16. BIRTHPLACE (city or town) West Va	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?	19
∑ (Stata or country)	Where did injury occur?	
17. INFORMANT Mus 7. d. Busey (Address) West One-beli ag 6 241	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL West To Date Lefel 19, 1935	Manner of injury	
19. UNDERTAKER John 24 Saylar (Address) Charaches 24	24. Was disease or injury In-any way related to occupation of deceased?	
20. FILED. 4. 18., 19. 7.5 MWO Registrar.	(Signed) Norman Roberts (Address) H. S. Maral Cleaders	M. [
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

V. S. No. 1

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

DATE OF BURIAL

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EXACTLY, PHYSI-y classified. Exact ECORE SER

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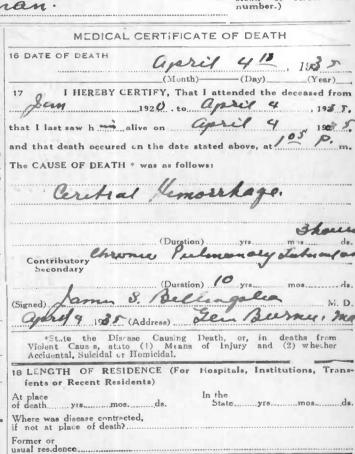
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E	age or City	LL NAM	E.			1. Bres
	PERSO	NAL AN	D STAT	ISTICAL	PARTIC	CULARS
3 5	ex Vale		OR OR R	M W	INGLE, ARRIED, IDOWED, R DIVORC Vrite the wo	
6 D	ATE OF BI	? ТН		ofu (onth)	30 (Day)	, 1862
7 A	GE	72	yrs.	mos	. 5	If LESS than
(t) General	nature of	industry	tore	Keopee	
(b)	o) General susiness, or hich emplo	nature of establishm yed or (er E ountry)	industry ment in mployer).	timo	ee.)	mol
STN STN	o) General ausiness, or hich emplo (RTHPLACI (State or control NAME FATHER	nature of establishm yed or (er Eountry)	industry ment in mployer). Bal	timo	Bren	an -
ARENTS	o) General ausiness, or hich emplo (RTHPLACI (State or control NAME FATHER	nature of establishmyed or (er Eountry) OF CACE HER or country N NAME	industry ment in mployer). Bal	timo	er. T	an -
RENTS	o) General ausiness, or hich emplo (state or control of the state of t	nature of establishmyed or (er Eountry) OF CACE HER or country N NAME THER	industry ment in mployer) Bal Cuis Ba Has	timo	Bren Bren Bes	an -

PLACE OF DEATH

County arme arundel.



19 PLACE OF BURIAL OR REMOVAL

pleasey U. Jug King, & Long

20 UNDERTAKER

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Catholical Canil, Bolt. had april



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from taborer Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et. But in many the first line will be sufficient, e. g.. Termer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer,'"'Foreman,""Manager, "'Deal-Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, Locamoline engineer, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-For many occupations a single word or term on yr.8). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ("orebrospinal fever" (the only definite synonym is "Epidemic cerebrospinal meringitis"); Diphtheria avoid use of "Croup"; Typhoid fever inever report "Typhoid Pneumonia": Lobar ansumonia Bronchopnenmonsa ("Pneumonia":

approved by Committee on Nomenclature "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepwis, telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as use of "Tumor" for malignant neoplasms); Me.sles; inges, peritonaeum, etc., Carcinoma, Sarconu, American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom (secondary Whooping Recommendations on statement of cause of death carbolic acid-probably succide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJURY unqualified, is indefinite); Tuberculosis of lungs, men-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, cough; or intercurrent) Chronic valvular heart etc. affection need not be The contributory disease; etc., of

If this certificate is looked over thoroughly and all quotions answered in detail, it will prevent further correspondence. . The data is essential and must be obtained before the cartificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08809
1. PLACE OF DEATH	
County Chine anudal	Registration Dist. No.
Village or City Compeli	No. 2/6 Pri Leorge St., / Ward
Length of residence in city of own where death occurred 62 yrsmos	death occurred in a horpital or institution, given's NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,
2 FILL NAME LOOMO Carr	STATES OF THE SALE
(a) Residence: No. To eterrae Highway	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
ia. If married, widowed or dvorcad HUSBAND of	
(or) WIFE of John Wither Carl	1934 to Selevel 1935
5. DATE OF BIRTH (month, day, and year)	Plast saw have alive on April 119, 1931; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
62 10 11 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related cades of Importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	
SAWYER, BOOKKEEPER, atc	Cerebral Thurshage 4.10.
work was dona, as SILK MILL, SAW MILL, BANK, etc	
Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) G. Y. Co. MA.	Af y age
(State or country)	Depheleur aken
13. NAME John It ling	
(State or country)	Nama of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME VISAMINA / Eulips	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Mary land	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mus Harry J. Reusington (Address) 21/2 Pai Les S. Ourschol W.	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL & 141. Oate Chief 21, 19.35	Manner of Injury
0-1 111 91	Nature of injury.
19. UNDERTAKER AND WAY WAY (Address) Charles 244	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO 4-20, 19.35 May 18. The strat.	(Signed) Storge (Store M. D. (Address) Auguston M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 m

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08810
1. PLACE OF DEATH	(131)
county a.a. too	Registration Dist. No. 2 3
Village or City Scores	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME GORA RELEAR	
2.1	CA Word
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of William Handy Clark	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 4-1869 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic Interoletias Reporter 6 most
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
() altinum ()	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) VALUATION (State or Coventry)	usterio Scherones 2415
13. NAME Olivarda Disney	
13. NAME COLUMNA A WHLY 14. BIRTHPLACE (city or town) A W CO	Name of operation 2000. Data of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME (MYANG) Smiller	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME (Alyant & Winsless 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT LY Clarky	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVELLOS CAMPEN, SEASON	Manage of Indiana
Place Will Com. 1 Date whe 4 1931	Manner of injury
19. UNDERTAKER TOUTH OF EMPLOYEE	24. Was diseasa or injury in any way related to occupation of deceasad?
20. FILED Sil 3, , 1935 MOSQUIA.	(Signed) Lames S. Bellingsler M. D. (Andress) Glen Burnel, Ing.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arleriosclerosis	100 V	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago
Chronic interstitial nephritis	1522	Rwy over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perionitis	3 days ago
	13 8	69	
Other contributory causes of importance:	13	Other contributory causes of importance:	
Gallstones	May 1 1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FUI	HER STATEMENTS BY PHYSICIA	IN
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more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		10301-	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH)
1. PLACE OF DEATH	108	
County a a Co.	Registration Dist. No. 🗸 🔾	
Village or City withreum long hts	No	_Ward
Length of residence in city or town where death occurred wyrs. 10 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. Mow long in U.S. if of foreign birth?	ds.
2. FULL NAME Charlotter Gillow	of tour word	
(a) Residence: No. Linthica Ats	St., Ward.	
(Usual place of above)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Your Month)	(ear)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended decease	ed from
(or) WIFE of	march 1926, 10 april 8 19	35
6. DATE OF BIRTH (month, day, end year) Tuly 27 - 1867	I last saw h. Se alive on Opail of 8 1938; death	h is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 0m.	
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows:	ofonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	, , , , , , , , , , , , , , , , , , , ,	
9 Industry or business in which	70%	7
work was done, as SILK MILL, SAW MILL, BANK, etc.	7	lan
10. Date deceased last worked at this occupetion (month and spent in this	/ne	T
year) occupation occupation	Other Contributory Causes of importance:	
12, BIRTHPLACE (sity or town)		5 7
13. NAME PUNCA. 6 VISON	Edama	de
14. BIRTHPLACE (city or town) Age usta cos	Neme of operation Date of	
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?	The
15. MAIDEN NAMSWELLY JULY CLIFFON	23.1f.death was due to externel causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Waltury	Accident, suicide, or homicide?	9
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place White Total Man 1920	Nature of injury	
19. UNDERTAKER THE CURLED TO	24. Was disease or Injury in any wey related to occupation of deceased?	>
(Address)	If so, specify	
20, FILED 4/9 1035 morealba	(Signed) John follagande	M,D.
Registrar.	(Address) fatutour	my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done.

9.- The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

1 year

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones

Gastroenteritis

May 1,1923

if not at place of death?....

DATE OF BURIAL

ADDRESS

19 PLACE OF BURIAL OR REMOVAL

Former or usual residence.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

TO THE BEST OF MY KNOWLEDGE

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature (Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic vunction The Always qualify all heart disease; contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH	038

1	I. PLACE OF DEATH					
	County Anne Arunde	el		Registration Dist. No. 2		
	Village or City Crownsvi	lle State Ho	spit	Ala FB	Ward	
	Length of residence in city or town where do		(If c	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth? yrs	number)	
	2. FULL NAME Jane	B. Dicus				
		imore, Maryl	and	St., Ward.		
sacrito	(a) Residence. No.	(Usual place of abode)		If nonresident give city or town and	d State	
	PERSONAL AND STATISTIC	CAL PARTICULARS	3	MEDICAL CERTIFICATE OF DEATH		
	female 6. color or RACE black	5. SINGLE, MARRIED, WIDO OR DIVORCED (write the Married		21. DATE OF DEATH April 30th (Month) (Dev)	., 193 5 (Yaar)	
5a.	If marriad, widowad, or divorced	D:		22. I HEREBY CERTIFY, That I attended		
_	(or) WIFE of John W.	Dicus		Sept. 30th ,1930 ,to April 30th	h to 25	
6.	DATE OF BIRTH (month, day, and year)	1878		Hast saw h er alive on April 30th 1935		
-	AGE Years Months	Days If LESS	- 1	to have occurred on the data stated above, at 4: 30 mm =		
	57 Unka	10 WII		The PRINCIPAL CAUSE OF DEATH end releted causes of importenca were as follows:		
Z	8 Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.			Broncho pneumonis	Date of onset	
OCCUPATION		Domestic		•		
JPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				-	
SCI	10. Date deceased last worked at	11. Totel time (yaars)				
0	this occupation (month end year)	spent in this				
	RIPTHOLACE (city or town) ICLT/	s nd		Other Contributory Causes of importance: Obstructive jaundice	7 wks.	
IZ.	(State or country)	~ · · · · · · · · · · · · · · · · · · ·		Generalized arteriosclerosis	o was	
ER	13. NAME Charles I	Bardley, desc	đ	Chronic myocarditis	2	
FATHER		Cyland		Name of oparation Date of		
F/	(State or country)			What test confirmed diagnosis? Was there an	autonsy?	
ER	15. MAIDEN NAME Harriett	Tolson, dead	d	23. If death was due to external causes (VIOLENCE) fill In also the followin		
MOTHER	16. BIRTHPLACE (city or town)	rland		Accident, suicida, or homicide?	-	
Σ	(State or country)			Whare did injury occur?		
17.	INFORMANT HOSPILEL Re	ecords		(Specify city or town, county and Sta Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	ite) LACE.	
18.	BURIAL CREMATION, DR REMOYAL	4		Mannar of Injury		
	Place Tospilae Class	Date 0/2-35	19	Neture of Injury		
	B-RPW	le The Du	4.			
19.	(Address)	fluor the	2	24. Was disease or injury in any way related to occupation of decaasad?		
	5/2 1- 50	OS Horn	1	(Signed ALL)	M. D.	
20.	FILED 19 19	Regi	istrar.	(Address) Crownsville, Man 1	and	
	**			9		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU Y. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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A. A.	STATE OF MARYLAND-	CERTIFICATE OF DEATH 18815
infor- state UPA-	1. PLACE OF DEATH	46-c) .
M of M	County C: C'	Registration Dist. No.
/ = -	Village or City Cumpbeli	No. Chase Home St. 2 Ward
-=		If death occurred in a horpital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence in city or town where deeth occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
/ E CI	2. FULL NAME May Delly	TUTUR CONFORCTS UNITS OF
YSI.	(a) Residence: No. Charles (Usual place of abode)	St., Ward. If nonresident give city or town and State
CORD. Every PHYSICIANS	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO Y. PH Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Off. 29 193 5
NEN C TL	50 If married widowed or diversed	(Month) (Day) (Year)
O A A SS	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
	6. DATE OF BIRTH (month, day, end year) Christ 21 - 1958	Vest saw h L elive on GA 11/29 1935 death is said
P. B. d. H. d. H. B. F. L. B. F. F. F. L. B. F.	6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than 1 dey,hrs. ormin.	to heve occurred on the date stated shove, at . F. m.
FOR IS A I stated properly	77 8 1 dey,hrs.	mere as follows:
- 70	8. Trade, profession, or perticular	Date of onset
HIS be be	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Intestinal abstruction 10 day
VK-T should it may	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	/
[-] 30 E	E 10. Date deceased last worked at 11. Total time (yeers)	
RES IN VGE IN that		
Z	12. BIRTHPLACE (city or town) G. Q. Lo M.d. (State or country) 13. NAME Llouis H. Sitly	Dther Contributory Causes of Importance:
ARGIN JNFADII pplied.	(State or country)	- Carrier and Carr
ARG UNFA upplied terms,	13. NAME Llowas H. Sitty	
A D H A	14. BIRTHPLACE (city or town) 24.	Neme of operation wave Date of
TH ly st lain	(otate of sound)	What test confirmed diagnosis? Clinical Was there an au'opsy? We
Y, WIT]	15. MAIDEN NAME Linabelle 4. Hock ges	23. If death wes due to external causes (VIDLENCE) fill in elso the following:
LY,		Accident, suicide, or homicide? Date of injury, 19
	(State or country)	Where did injury occur? (Specify city or town, county and State)
Id be DEA		Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
	(Address) Carapoli Reid 18. BURIAL, CREMATION, DR REMOVAL	
	Blood Deered a real Med pois May 1 10 36	Manner of injury
-WRITE	19. UNDERTAKER Jolya 24 Layler	Neture of injury
/3) 7 808	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
E E	8 20 25 TAM	(Signed) 9. William Markin M. D.
s z	20. FILED PARTY 19. Registrar.	(Address) Hansapolis, M.d.
	If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1 ä state

plnods

	S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	1
1	. PLACE OF DEA	ТН			11-6	
	County ans	n'are	nde	l	Registration Dist. No. 4	
	Village or City C	Luon	evelle	· oud.	NoSt.,	_Ward
	Length of residence in c	ty or town where	deeth occurred		death occurred in a horpital or institution, give its NAME instead of street and number) ds.
	. FULL NAME	aivees	reo Da	inell (Darver)	
	(a) Residence: No.	lanne	+ Par	· 00. m	St. Ward.	
Summittee of the last of the l		7	(Usual place		If nonresident give city or town and State	
_	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
6	nale la	lared.	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Y	(aar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY. Thet I attended decass	ed from
6.	DATE OF BIRTH (month, da	y, and yeer) Z	uknow	w. 1900	11 11 5 4	h is said
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, etm.	
_	35	?	?	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	of onset
NO	8. Trede, profession, or p kind of work done,	erticuler as SPINNER,	Cabae	01/	Ka Glephe -	
PATI	SAWYER, BOOKKE	which			Galfdentestenstype 4-1	3 3
	work was done, es SAW MILL, BANK,	SILK MILL,				
0000	10. Dete deceesed last wo this occupation (mo	rked et nth end	spe	tima (yeers) entin this		
-	year)	1	000	upation	Other Contributory Causes of importance:	
12.	BIRTIIPLACE (city or town) (State or country)	lean	ef Pai	all:		
22	13. NAME Lange	1/1.	10		Infected showhared	
FATHER				- 1	Minorahouds	
FA	14. BIRTHPLACE (city or to (State or country)	own)	ry ra	~ Q	Neme of operation Date of	
ER	15. MAIDEN NAME / A	Etie a	ulen	/	What test confirmed diagnosis?	f
MOTHER	16. BIRTHPLACE (city or to	ma mala	rulan	ed	Accident, suicide, or homicide?	9
×	(State or country)	WII)			Where did Injury occur?	
17.	INFORMANT Laster		and so	/ 	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR	REMOVAL	L /A		Manner of injury	
en	mapales Bren	I tell cerne	Shate 4	- 3 5,19	Nature of injury	
19.	UNDERTAKER	13	tolon	m	24. Was disease or injury in any way related to occupation of decodsed?	
	(Address)	1/2	Fine	apolis	If so, specify	
20.	FILED 426	634	Min	Registrar.	Signed 4 1 1 2 Carlotte (Address)	M. D.
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			4-1-1-1	

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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V. S. No. 1

See instructions on back of certificate.

TION is very important.

1. PLACE OF	SIAIL (JE MAK	YLAND—	CERTIFICATE	OF DEA	0.3	817
County	nne Arundef	- E1	. •		Registration I	Dist. No.	22
	ity Near Laur	0	(If yrs. 11 mos	NO		instead of street an	
2. FULL NA	ME Walter Dr	ew					
	e: No. District			urest., Md. Ward.	If nonresident	give city or town a	nd State
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED. D (write the word) ed.	21. DATE OF DEATH	(Month)	4_ (Day)	193 35 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced Amanda Drew			22. I HEREBY	CERTIFY		ed deceased from
6. DATE OF BIRTH (month, day, end year)	March 27.	1891		April 3		5 ; death is said
7. AGE Year	rs Months	Days 7	If LESS than I day,hrs. ormin.	to have occurred on the data state The PRINCIPAL CAUSE OF DEA' were as follows:			
kind of w SAWYER,	sion, or particular ork dona, as SPINNER, BOOKKEEPER, etc	None		Idiopathic Ep	ilepsy		Date of onset Birth
work was	ousiness in which dona, as SILK MILL, L, BANK, etc	None					
- (III) 000u	ed last worked at pation (month and None	Il. Total t	tima (years) ent in thi None upation None	Other Contributory Causes of imp			
12. BIRTHPLACE (cit (Stata or coun	yortown)Nort	h Carolin	la.	Other Contributory Causes of Imp	ortance.		
13. NAME H	ampton Drew					************	
13. NAME H	(011) 01 (01111) =================================	tford N. C	•	Name of operation None What test confirmed diegnosis?		Data of	
15. MAIDEN NAI	ME Sarah	Drew		23. If death was due to extarnal ca	usas (VIOLENCE) fil	l in also the follow	ing:
15. MAIDEN NAI	(city or town)N	. c.		Accident, suicide, or homicide? Date of injury, 19			
17. INFORMANT (Address)	Records D. T. S.			Specify whether injury occurred to		town, county and S ME, or in PUBLIC	
18. BURIAL, CREMAT	sh. De	Date afr	il 5, 1935	Manner of injury			
19. UNDERTAKER (Address)	LO Ernest	Jarvino	60	24. Was disease or injury in any v	way related to occupa	ation of deceased?_	No
20. FILED apr	7 ,1935-101	ara m H	uslieh Cal Registrar.	(Signed) (Address) Alast	Taxan	of Laur	e med.

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Classe ausuale	Registration Dist. No.
Village or City any ole Md	No. Comugency Hospit St., 2 Ward
(If Length of residence in city or town where death occurred yrsmos.	death occurred in a hospital constitution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
41 . PI 1	es now rong in 0.5. It of roleign birth? yrsmosas.
2. FULL NAME Otrosupson Vtuly	o recog
(a) Residence: No. 119 Wess (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21, DATE OF DEATH
male White OR DIVORCED (quite the word)	afril 1, 1935
5a. If married, widowed, or divoced	. (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
The sad with	Nov. 1 ,193 4, to after 193 5
6. DATE OF BIRTH (month, day, and year) July 23-1832	I last saw h
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 1:1.4 1m.
82 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER 1	Carcumua & the bladder hu.
kind of work done, as SPINNER Velured Vruster SAWYER, BOOKKEEPER, etc.	1934
A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at II. Total time (years)	
this occupation (month and spant In this occupation year)	
Charles ned	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Whenemen Hyperales mare s
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
100 60 0	Peter Cents War
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Suff the State Of Many Date of Man to
	What test confirmed diagnosis? L. Was there an au'opsy? (1)
H hadau la l	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide
1211 4 E11. H	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Pthut V. Culotte (Address) Company Solia 2nd.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manage of Injury
Place It agams Clant. Date Uprel 4 1935	Manner of Injury
al 211 /2 /2	
19. UNDERTAKER AUGUSTA CAN CAN CAN CAN CAN CAN CAN CAN CAN CA	24. Was disease or injury in any way related to occupation of deceased?
Oha 3 35 1 1100 11	(Signed) Wath Gladusan M.D.
20. FILED (193) 193 Registrar.	(Address) Willy Will,
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			<u> </u>

ADDITIONAL SPACE	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH OCCI County Village or City____ Of death occurred in a horni PHYSICIANS Length of residence in city or town where deeth occurred. statement 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word) BINDING 5a, If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and veer) properly Oays 7. AGE Months If LESS than 1 deyhrs. 6 Z or____min. Trede, profession, or particular kind of work done, as SPINNER, NO RESERVED SAWYER, BOOKKEEPER, etc ... may 9. Industry or business in which work was done, as SILK MILL, OCCU SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Totel time (years) this occupation (month and spent in this that occupation ____ 12. BIRTHPLACE (city or town) ARGIN (State or country) HER 13. NAME FAT See 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME DEATH 16. BIRTHPLACE (city or fown) (State or country) 7. INFORMANT plnous (Address) OF 18. BURIAL, CREMATION, OR REMOVAL CAUSE LION 19. UNOERTAKER (Address) 2 Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH	0881	9
EATH (ISI)	0.40	
W. Co. Registration Dist. No.	21	
Samp Darol. Ma, No.	_St.	Ward
Alf death occurred in a horpital or institution, give its NAME instead of	street and numb	er)
in city or town where deeth occurredyrsmosds. How long in U.S. if of foreign birth?yrs	mos	ds.
Thomas W. Evons		

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

		(Month)	(Oay)	(Year)
22.	, I HEREB	YCERTII	FY. Thet I attende	ed deceased from
0	pul 10	. 19 3 J. to.	epul	19 3K

to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of Importance

Date of onset Other Contributory Causes of importance:

23. If deeth was due to externel couses (VIOLENCE) fill In elso the following:

Accident, suicide, or homicide?______ Date of Injury_______ 19 Where did injury occur?___

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of Injury Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased If so, specify

(Address) ...

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County a a	Registration Dist. No.
Village or City annapolity my	No. Frugeray Hospical St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Fine	WITHIN COMPORATE LIMITS OF
(a) Residence: No. 177 West	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M W OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Annual Finne	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) William / 877	I last saw h 42 alive on Africa 27 , 1932; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 A . m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	vere as follows: Perhitis & Hypertines Date of onset
e hade, profession, or particular with the kind of work done, as SPINNER, Novel	2. Chr. mnocautis ?
9. Industry or business in which work was done, as SILK MILL,	3. B. Chummin
SAW MILL, BANK, etc	4. Urhemia Porsonny
O To Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Pussia (State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
Ŧ l	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT Harry It lawace	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Feneseth Israel Date april 24, 19	Nature of injury
19. UNDERTAKER D. L. Horfing (Address) annotable mi	24. Was disease or mility in enviway related to occupation of deceased?
20. FILED 4-29, 1935 JW Lungh, Registrar.	(Signed) 46 Smth Qub auf M. D. (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	0\$251
I A AA	STATE OF MARYLAND
County 4	CERTIFICATE OF DEATH
D 1.1. K	Registration Dist. No. 2
Village or City amaple 100 No.	St.: Ward) (If death occurred in
2FULL NAME Dullborn	St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 4 9 , 1935
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
11 6 6-6	192 to 192
(Month) (Day) (Year)	
7 AGE If LESS than	that I last saw halive on, 192,
l dayhrs.	and that death occurred on the date stated above, at
O yrs. O mos. O ds. or min.?	A A A A
B OCCUPATION	Helling .
(a) Trade, profession or particular kind of work	www.
(b) General nature of industry	An Helo Joleans
usiness, or establishment in which employed or (employer)	(Duration)ds,ds,
9 BIRTHPLACE A Let ALAK	Contributory Secondary
(State or country)	(Duration)ds.
10 NAME OF	(Signed) AMushin M.D.
FATHER OW Parker	11 0 114 61
OF FATHER	192 (Address) Curnapius VI
Z (State or country)	*State the Disease Causing Death, or, In desths from Violent Causes, stato (1) Means of Injury and (2) Whether
OF MOTHER AM PL. HODTON	Accidental, Suicidal or Homicidal.
a Nosomy invulation	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Ger Parte	Former or usual residence.
(1) Must Par 14	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Win of the Mick	amorphy MSK. 40/8. 1935
15 / C 21- AM. 19	20 UNDERTAKER () ADDRESS

If more blanks are needed, addre.s Late Registrar, 16 W. Sarat & St., Balto., Requesting V. S. No. 1.

V. S. No. 1

m

Filed 49

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Starement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dcal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (6) Automobile factory. The material As examples: (a) 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJULY Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Year) That I ettended deceased from Date of ones

Anne.

Accident, suicide, or homicide?______ Date of injury______ 19

24. Wes disease or injury In any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Exact statement of OCCUPA.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

N. B.—WRITE PLAI

TION is very important. See instructions on back of

certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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01	C	0	63	1	9
П	X	1	/	9	5
V	A	-	A.	1	-
	0	ZO	820	0285	02853

	E OF DEATI				(131)			
Count	y Anne	Arundel			Registration Dist. No. 20			
Villag Length	e or CityC	or town where dee	e Stat	e Hospit	81 No. St., death occurred in a hospital or institution, give its NAME instead of street and no death. How long in U.S. if of foreign birth? yrs. mos	Ward		
2. FULL	NAME .	Johr	Greer	1				
	esidence: No.	onville,	Aruno (Usual place	lel Count	J. St., Ward. If nonresident give city or town and S	State		
PER	SONAL AND				MEDICAL CERTIFICATE OF DEATH			
s. sex male	4. COLOR		SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 20th (Month) (Day)	19375		
5a. If married HUSBAN (or) WIF		Unknov	vn		22. I HEREBY CERTIFY, That I attended of April 10th 19 25to April 20th			
& DATE OF I	BIRTH (month, day, o	end year)	1879					
7. AGE	Years 56	Months Unkno	Days	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, at 11:10A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
8. Trede	, profession, or pert ind of work done, as AWYER, BOOKKEEPE	icular SPINNER, R, etc.	Farm	laborer	Chronic interstitial nephritis	2		
9. Indus	try or business in v ork was done, es SIL AW MILL, BANK, etc	vhich K MILL,						
O 10. Date	deceased last worke his occupation (month ear)	ed at h end	11. Total t spe occ	ime (yeers) nt in this upetion				
	ACE (city or town)	llaryl	and		Other Contributory Causes of importance: Acute myocarditis	?		
₩ 13. NAMI	Sam	Freen		- C				
	HPLACE (city or tow State or country)	n)C&	liforr	iia	Name of operation			
15. MAID	EN NAME	Jary Sim	monds		23. If death was due to external causes (VIOLENCE) fill in also the following:	1111120		
	HPLACE (city or tow State or country)	n)118	ryland		Accident, suicide, or homicide? Date of injury, 19			
17. INFORMA (Addr	NI	ital Rec		Mervland	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.		
18. BURIAL, (CREMATION, OR REI	MOVAL		23-3,6	Manner of injury Nature of injury			
19. UNDERTA		st. C	01.	nd.	24. Was disease or injury In any wey related to occupation of deceased?	Q		
20. FILED	pril 21, 19	356	arri	Registrar.	(Signed) (Address) Crowns ville, heryland	3 M. D.		
		If more ble	anks are needed,	address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	nfor- state JPA.	STATE OF MARYLAND	CERTIFICATE OF DEATH	824
		1. PLACE OF DEATH	93-0	1
1	should of OCC	County W-W-	Registration Dist. No.	4,
M)	sho f C	Village or City Anny vas	NoSt.,	Ward
	t o		death occurred in a horpital or institution, give its NAME instead of street and nu. ds. How long in U.S. if of foreign birth?	
	IAN men	2. FULL NAME Sidonia A Gardists	STAN CORPORATE LIMIT	
	CHAD. Every PHYSICIANS oct statement	(a) Residence: No.	St. Ward.	
4		(Usual place of abode)	If nonresident give city or town and S	late
	REC. Pl.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
75	EY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 =
DIN	X A C T classified	5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of - 12 - 14 and 15ty	22. I HEREBY CERTIFY, That I attended do	eceased from
BIND		6. DATE OF BIRTH (month, day, end year) Apr. 124. 1886	(m) 1/20	death is said
- A	۸. ــ ا	7. AGE Years 5 Months 16 Days If LESS than	to have occurred on the date steted above, at	
FOI	IS A l stated properl ertifica	## 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
	be s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BODKKEEPER, etc.		Date of ouset
VED	A	Z JAM JEN, DODINELI LIN, GLO.	Clark allelation of Heart.	4-30-
JR.	should it may n back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	aux moeras	
RESER	A	O 10: Date deceased last worked at this occupation (month and spent in this		
RE	AGE I that	year) occupation	Other Coutributory Causes of importance:	
Z	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) 2000		
ARGIN	UNFA supplied 1 terms, ee instru		Derival arthur	Inton
[A]		H		
Z	y sul ain t	14. BIRTHPLACE (city or town) Lindonsmu (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an eul	131
	rull r pl	15. MAIDEN NAME Soadle	23. If death was due to externel causes (VIOL ENCE) fill in also the following:	topsyrv.
	carefu CH in 1 ortant.	O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	19
	P S C	E (State or country) Improve	Where did injury occur?	
	PLAL nould DF D	17. INFORMANT The Ameling (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	ČE.
	E S S	18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury	
		Place 1990 May Date May 1, 1933	Neture of injury	7
Zoz		19. UNDERTAKER — - U- A Sangloly + Ann (Address) Salvanth Text	24. Was disease or injury In any way related to occupation of deceased?	40
V.S.	R R	20. FILED 5 / 1935 AM 1126 Registrar.	(Signed) Coga Coga Coga Coga Coga Coga Coga Coga	M. D.
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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0.12			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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EC	PE	xact	
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NEN	CT]	ified	
SMA	XA	class	
PEI	国	rly	cate.
SA	tated	rope	rtif
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NIC	V	so t	ction
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	77		1
PI PI	shoul	OF	y ver
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

		OF MAI	RYLAND—	CERTIFICATE OF DEATH	03832
1. PLACE C				85	211/
	Anne Arundel			Registration Dist. No.	~~~
Village Dr	City District T	raining S	School, Laur	el Md. death occurred in a hospital or institution, give its NAME instead of	St., Ward
Length of re	esidence in city or town where	e death occurred		ds. How long in U.S. if of foreign birth?yrs.	
2. FULL NA	AME Mary Elle	en Harris	3	\$	
(a) Reside	ence: No. 2739 P.	St. N. V	ce of abode)	St., Ward. If nonresident give city or	r town and State
	NAL AND STATIS	TICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DI	EATH
s. sex Female	4. COLOR OR RACE White	5. SINGLE, M OR DIVOR Sing	ARRIED, WIDOWED, CED (write the word) . E	21. DATE OF DEATH April 1 (Month) (Day)	3 , 193 5 (Year)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced .			22. I HEREBY CERTIFY, That July 12 ,1929 ,to April	18, 19 35
6. DATE OF BIRTH	i (month, day, and year) Ji	une 5, 19	22	I last saw her alive on April 12	_, 19_35_; death Is said
	ears Months 12 10	Days 7	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4:05A m. The PRINCIPAL CAUSE OF DEATH and related causes of imporwere as follows:	rtance Date of onset
9. Industry of work w	fession, or particular i work done, as SPINNER, ER, BODKKEEPER, etc r business in which vas done, as SILK MILL, IILL, BANK, etc	None	9	Epilepsy	1924
U 10. Date deces	ased last worked at cupation (month and	11. Tota	al time (years) pent in this coupation		
12. BIRTHPLACE (city or town)			Other Contributory Causes of Importance:	
(State or co	ountry) North	Carolina	ì	Idiocy	1924
₩ 13. NAME	Albert D. Har:	ris			
	CE (city or town)	N. C.		Name of operation None What test confirmed diagnosis? Clinical Wa	
监 15. MAIDEN N	NAME Mary Mood	dy		23. If death was due to external causes (VIOLENCE) fill in also th	he following:
	CE (city or town) or country)	N. C.		Accident, suicide, or homicide? Date of inju	
17. INFORMANT (Address)	Records of Di	strict Tr	caining Scho	(Specify city or town, cou) Ispecify whether injury occurred in INDUSTRY, in HOME, or in in	oty and Stale) PUBLIC PLACE.
18. BURIAL, CREMA Ceme tel	ation, dr removal ry District Ti	raining S	chool 4/15/	Manner of injuryNature of injury	
19. UNDERTAKER . (Address) 20. FILE CLARY	District Transled Laurel,	dining Sc Marylan	Carlup	24. Was disease or injury in any way related to occupation of de If so, specify (Signed)	ceased? NO M. D
			Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		Desistantian	D. 1 2	5/
		Registration	Dist. No.	
(I	No. f death occurred in a hospital or instituti			
mos	ds. How long in U.S. if of	foreign birth?	yrs	nosds.
ar	rod			
	St., Ward.	If nonresident	give city or town an	d State
	MEDICAL CE	ERTIFICATI	E OF DEATH	
VED,	21. DATE OF DEATH	puil	8	1934 5
<u></u>	-	(Month)	(Day)	(Yeer)
	22. OHEREBY	CERT1F	That I attended	decaased from
64	I lest saw h. L. aliva on	ajor.	,193	; death Is said
than hrs.	to have occurred on the date stated		.:Cim.	
in.	The PRINCIPAL CAUSE OF DEATH were as follows:	H and related caus	ses of Importance	Date otonset
	Chrone	myoc	arditis	1933
2	ulce style	Type Cype	its	10/30/34
	Other Contributory Causes of impor	rtance:		
ź		***********		
	Name of operation		Date of	
	What test confirmed diagnosis?			
0	23. If death wes due to external caus	es (VIOLENCE) fi	Il in elso the followin	e: \
	Accident, suicide, or homicide?		Date of injury	, 19
	Where did injury occur? Specify whether injury occurred In	(Specify city or INDUSTRY, in HO	town, county and Sta	ate) LACE.
ca	Manner of Injury			
935	Nature of injury			
en	24. Was disease or Injury In any wa			m
	If so, specify	-	0	
	(Signed)	C.h	Mitta	
trar.	(Address) /536	ow. a	antral	e st

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 14041
1. PLACE OF DEATH	(83)
County Anne Arundel	Registration Dist. No. 21
Village or City Crownsville State Nos	epi No. 1 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidanca in city or town whera death occurradyrsmos	ds. How long in U.S. if ol foraign birth?yrsmosds.
2. FULL NAME Rhoda Hopkins	
(a) Residence: No. Baltimore, Maryland (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 1.	21. DATE OF DEATH April 20th (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (ac) WHE of Ficance with Joppins	22. I HEREBY CERTIFY. That I attended daceased from March 27th 19 25, to April 20 19 25
6. DATE OF BIRTH (month, day, and year) 1885	I last saw h_er alive on April 20th
7. AGE Yaars Months Days II LESS than	to have occurred on the date stated above, at 12:30 fm. M.
50 Unknown I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, March SAWYER, BOOKKEEPER, atc.	Influenzal Pneumonia #12/25
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daeaased last workad at this occupation (month and	
11. Total time (years) this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) North Carolina (State or country)	Other Contributory Causes of importance: General paralysis of the insane ?
TI 13. NAME George Morrig /	
13. NAME George Morris 14. BIRTHPLACE (city or town) W. Lown	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Glorquana Schley, 16. BIRTHPLACE (city or town) (State or country)	23. II death was due to external causes (VIOLENCE) fill in also the Iollowing:
0 16. BIRTHPLACE (city or town) WOLL OWN	Accident, suicida, or homicide?
∑ (Stata or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT Hospital Records (Address) Crownsville, Maryland	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Include seek for description Data 4-23-3, 79	Manner of injury
19. UNDERTAKEN med tuneral Homes (Addrass) rederick mid.	24. Was disaase or injury in any way related to occupation of deepsad?
20. FILED 121. 1935 & 7. Joyce	If so, speniy (Signed) M. D. M. D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	-	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03828
1. PLACE OF DEATH	95-7
County Anne Arundel	Registration Dist. No.
Village or City Jessup, Maryland	No Maryland House of Correstion Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	death declared in the second of the second o
2. FULL NAME Frank Jones	
(a) Residence: No.	St., Ward. Baltimore. Md. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) COLORED MALE	21. DATE OF DEATH April (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from April-13 1935 to April-22 1935
6. DATE OF BIRTH (month, day, and year) about 1880	l last saw h.imalive on_April-21,1935_; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6.25A m M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one of
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BD OKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Coutributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country) L. 13. NAME M. R. R. M. M. R. M.	Pulmonary Oedema cardiac decompensati cerebral hemorrhage 1920 Probably
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy NO
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT / LLCOLD Md House of Correction	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, DR REMOVAL Place Cherry Could Date 91 213, 1935	Manner of Injury
19. UNDERTAKER PL Marshall (Address) Casup md (Address) And Marshall	24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) I am D. M. D.
20. FILED CAPE OF 1995 MALLEY WILLIAM Registrar.	(Address) Jessup, Maryland,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	I	Part of the Part o	Example II	-
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related cau of importance were as follows:	ISES Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	- 200	July 5,1927	Peritonitis	3 days ago
	N. Salar		U 3 M I S S S	
Other contributory causes of imp	portance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	RITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
2	T RECORD. 1	Y. PHYSIC	Exact state	
MARGIN RESERVED FOR BINDING	PERMANEN'	EXACTL	ly classified.	0+0
VED FOR	THIS IS A	d be stated	y be proper	I of antifac
N RESER	ING INK-	AGE shoul	so that it ma	neione on hos
MARGI	ITH UNFAL	lly supplied.	plain terms, s	Coo inches
	ALK, W	ld be carefu	DEATH in	M is more immediant Cas instructions on healt of contificate
	RITE PI	nous uoi	JSE OF	N ic mor

STATE	OF	MARYL	AND-	-CERT	IFICA	TE	OF	DEA	TH
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U	X	0	6	. 9	
-	7		-	47	

1. PLACE OF DEATH			(84)	1
County 1110 112 1	el		Registration Dist. No.	/
7,		ate Nospi	St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. if of foreign birth? yrs. m	Ward number)
2. FULL NAME Har	nah Jon	es		
(a) Residence: No. Bal	ti more (Usual place		St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
female 4. color or RACE black	OR DIVORCE	RIED, WIDOWED, D (write the word) 1101 e	21. DATE OF DEATH April 28th (Month) (Dey)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY. That I attended april 23rd 1935, to april 28	deceased from
6. DATE OF BIRTH (month, day, and year)	18	95	17 0011	; death is said
7. AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	., 40411110 3414
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Domes		were as follows: Exhaustion due to mental disease	Date of onset
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	da da 70 70		419696	
1D. Date deceased last worked at this occupation (month and year)	11. Total t spe	ime (years) nt in this upation		
12. BIRTHPLACE (city or town)(State or country)	orth Car	olina	Dither Contributory Causes of importance: Light Georgessive manic type	?
# 13. NAME Samuel Jone	8			
13. NAME SEMUEL Jone 14. BIRTHPLACE (city or town) Nort (State or country)	h Carol	ins	Name of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Uning	wn		23. If death wes due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME United 16. BIRTHPLACE (city or town) (State or country)	Unkno	Wn	Accident, suicide, or homicide? Date of injury	•
17. INFORMANT HOSPITAL Re		and	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Date 5	2 ,19 05	Manner of injury	
19. UNDERTAKER Samuel 9% E (Address) 688%.	Gase T	Son Ballo.	24. Was disease or injury in en way related to accupation of deceased?	Q
20. FILED 7/1, 195 E	4 Joh	Registrar.	(Sinped County) (Address) OF OVILS VILLS V	3. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

STATE OF M	MARYLAND-	CERTIFICATE	OF DEATH
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-	7			
03	0	00	4 1	
HIV	1	3	II	
COST	1	13	V	

	I. PLACE OF BEAT				(39)	
	County Anne A	rundel			Registration Dist. No. 21	
	Village or City H	larleigh	Height	S	NoSt.,_	Ward
11	Length of residence in city	or town where de	ath accurred 3	(If	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	number)
1					in the same of the	111030
1	2. FULL NAME					
1	(a) Residence: No	Harie	(Usual place of	INUS (abode)	St., Ward.	nd State
	PERSONAL AND	STATISTIC			MEDICAL CERTIFICATE OF DEATH	
	female whi		5. SINGLE, MARR OR DIVORCED Widowe	(write the word)	21. DATE OF DEATH April 27th (Month) (Day)	
	5a. If merried, widowed, or divorce HUSBAND of	ed				115-371
		iam Kind	ler			
	PATE OF BIRTH /	16	arch I5	· I848		
3	6. DATE OF BIRTH (month, day, 7. AGE Years	Months	Devs Devs	If LESS than	to have occurred on the date steted above, at	J., ucatii 15 Salu
or certificate	87	I	I2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	
ia i	_ 8. Trade, profession, or part	ticular		ormin.	Diabetes mellitus	Date of onset
5	kind of work done, es	s SPINNER, ER, etc				
раск	9. Industry or business in work was done, as SI	which ho	ousewife	9		
	SAW MILL, BANK, etc. 10. Dete deceased last work this occupation (mont	C	11. Totel lin	ne (veere)		
	this occupation (mont	hend I92	g spani	tin this		
					Other Contributory Causes of importance:	TOZ
metractions.	12. BIRTHPLACE (city or town) (State or country)	Germ	าลทุง	•	Chronic bronchitis Chronic myocarditis	1904
136	13. NAME		schinsk	i	Cilionic myocardicis	
					Name of execution	
See	(State or country)	'n)	ermany			
2	15. MAIDEN NAME HE	enrietta	Thurat	1	23. If death was due to external causes (VIOL ENCE) fill in also the following	
Lar					Accident, suicide, or homicide? Date of injury	
important	16. BIRTHPLACE (city or town) (State or country) Germany				Where did injury occur?	St., Ward tion, give its NAME instead of street and number) of foreign birth? Wars. ds. If nonresident give city or town and State ERTIFICATE OF DEATH ril 27th (Day) (Year) (Month) (Day) (Year) (CERTIFY, Thell ettended deceesed from 19.35, to 4-24 19.35; death is said and ebove, at 4.2 m. (Hend releted causes of importance it us Date of onset 20.00 contents and it us ard it is
	17. INFORMANT GUS	tav Kind	der		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	tate) LACE.
ery	(Address) Se	verna				
S.	18. BURIAL, CREMATION, OR RE		3 1		Manner of Injury	
2	Place Earlei	gn_Helg.	Apris 4-	30, 19_35	Nature of injury	
011	19. UNDERTAKER	rdan			24. Was disease or injury in any wey related to occupation of deceesed?	no
	(Address)	altimor	e, Md.	12 1	If so, specify A	
1	20. FILED 4- 27, 19	3/	7. U. Q	5 lece	(Signed)	71. 0. M. D.
*) E				Registrar.	(Address) d asadeua .	40.

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

02831

1. PLACE OF DEATH	~	(131)	Q I
County	J. / (d) /)	Registratio	on Dist. No.
Village or CityLength of residence in city or town where death		No. f death occurred in a hospital or institution, give its NA. ds. How long In U.S. if of foreign birth?	ME instead of street and number) yrsds.
2. FULL NAME / ha	1 (1) (1) 7	Trus bear 11.	
(a) Residence: No.	(Usual place of abode)	St., Ward.	ent give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICAT	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1715 1935
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)	tackers.	1 HEREBY CERTI	FY. That I attended decaased from
7. AGE Years Months Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done as SILK MILL	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et	10511m.
work was dona, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town)	SU. Mo.,		
14. BIRTHPLACE (city or town)		Neme of operation	Date of
	1000	What test confirmed diagnosis?	
15. MAIOEN NAME PARE (CITY OF TOWN) 16. BIRTHPLACE (CITY OF TOWN) 17. INFORMANT (Addrass)	omas:	23. If daath was dua to extarnal causes (VIOLENCE) Accidant, suicida, or homicide? Whera did injury occur? (Specify city Specify whathar injury occurred in INOUSTRY, in I	Date of injury
18. BURIAL, CREMATION, OR REMOVAL Place	at Cepiel 20,1935.	Mannar of injury	
19. UNOERTAKER Address (Address)	dels fi	24. Wes disaase or Injury In any way ralated to occulf so, spacify (Signad)	upation of daceased?
20. FILEO. 7 1930 If more bland	Registrar. Registrar. As are needed, address State Registrar.	(Address) 2.4 Wash ?	to, annafet ha

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal eause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory eauses of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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V. S. No. 1

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Example I	ll li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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unuexu V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

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		STATE	F MAR	YLAND-	CERTIFICATE OF DEATH	08833
1. PL	ACE OF	DEATH			(83)	04000
		nne irundel			Registration Dist. No	2/
Vi	illage or Cit	y Crownsvil	le Stat	e Hospit	No. S	t Ward
		ence in city or town where d	eath occurred		death occurred in a horpital or institution, give its NAME instead of stree	
1) Residence			ity, Mary	Leistl Ward.	
\ (a	i) Kesidelic	e. No.	(Usual place	of abode)	If nonresident give city or tow	n and State
P	ERSONA	AL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	тн
3. SEX	ale	4. COLOR OR RACE black	OR DIVORCE	RIED, WIDOWED, D (write tha word) 1°1 GC	21. DATE OF DEATH April 19th (Month) (Qay)	, 193 5 (Year)
HUSI (dr)	BAND of WIFE of	d, or divorced Beulah Mad	dox 188	7.	22. I HEREBY CERTIFY, That I att	ended daceased from
7. AGE	OF BIRTH (n	nonth, day, and year) Months	1 Oavs	If LESS than	to have occurred on the data stated above, at 6:05Pm. M.	; death is said
7. AGE	52	Unlin		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OF T	SAWYER, I	ofion, or particular ork dona, as SPINNER, BOOKKEEPER, etc	Oyster	-shucker	General paralysis of the Insane	?
CUPA	work was o	usiness in which dona, as SILK MILL, ., BANK, etc				
8 10.0	this occupa	l last worked at attion (month and =	- spe	ime (years) ntin this ——— upation		
12. BIRTH	IPLACE (city	or town) Maryl:	end -	Tarres o	Other Contributory Causes of Importance:	?

John R. Maddox FATHER 13. NAME 14. BIRTHPLACE (city or town).

(Stata or country)

(Address)

(State or country)

15. MAIOEN NAME

MOTHER 16. BIRTHPLACE (city or town (State or country)

18. BURIAL, CREMATION, OR REMOVAL

24 Registrar. If so, specify

23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Accident, suicide, or homicide?______

Where did injury occur?.

Manner of Injury

Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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- Proposition and Visa			
Other contributory causes of importance:	and a second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See Letter file and	TEMENTS BY PHYSICIAN Collins and 25 1935
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	1 9	ET PE BAY	
Other contributory causes of importance:	CRAI	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	r.te	STATE OF MARYLAND—	CERTIFICATE OF DEATH	027
	infor- state UPA.	1. PLACE OF DEATH		(00)
	7.7	County a. a.	Registration Dist. No.	/
1		Village or City Sunset (Black)	No. Alranada st	War
	.= 0 /	(If	death occurred in a hospital or institution, give its NAME instead of street and n	number)
	Every CIANS ement	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmo)sd
	NSICIANS	2. FULL NAME JOSEPH T.	caring	
	PHYSICIANS ct statement	(a) Residence: No. Ouvel Black (Usual place of abode)	St., Ward If nonresident give city or town and	State
	RE. Fxact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	DIACE
4	Ex.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHY	
5	L'A	The pull married	(Month) (Day)	, 193 (Year)
ž	RMANEN X A C T I classified	5a. If married, widowed, or divosed HUSBAND of		
9	MA (A lass	(or) WIFE of Sadil Kennedy IV Car	HEREBY CERTIFY. That I attended to	deceased from
RIL		6. DATE OF BIRTH (month, day, and year) Jan. 1851585	I last saw h walive on a po well 4 31	: death is sal
*		7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	, 23311113
Š	IS A I stated proper	50 21 66 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1 2
<u> </u>	be be poly	8. Trade, profession, or particular kind of work done, as SPINNER, BOX Manufacts SAWYER, BOOKKEEPER, etc.	P	Data of onse
<u>ञ</u> ्		✓ 1 92Industry or business in which	Carcinoma of storms	ch
7	nould may back	work was done, as SILK MILL, SAW MILL, BANK, etc.		Hov.
Z.	on tit	11. Total time (years) this occupation (month and		
ス	AGE that ons	year) occupation occupation	Other Cantributary Causes of Importance:	
Z	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Salto Mac	7	
5	FA lied ms, stru	(State or country)	Metastases to liver	
A			and Caducys	
3	H s in Se	14. BIRTHPLACE (city or town) England (State or country)	Name of operation Date of	20
	wir	15. MAIDEN NAME Mary helphison	What test confirmed diagnosis? Was there an au	
	2	5 16. BIRTHPLACE (city or town) & Alto md.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
	id be ca DEATH y import	X (State or country)	Where did injury occur?	, 19
	d b DE.	17. INFORMANT Mrs. Sadie McCartly	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAI	CE.
	S PLA Should OF D	(Address) Sunset Black		
-		Place Cathedral Con Date april 8, 19 35	Manner of Injury	
James 1	mation s CAUSE TION is	(NA a	Nature of injury	
1	TCB	19. UNDERTAKER TO CONTROL OF THE LONG TO T	24. Wes disease or injury in eny way related to occupation of deceased?	no
	n n	44 25 7 1 1 1221	If so, specify & C. Stef	
: }	z (T)	20. FILED 19 A. Co Co Registrar.	(Address) Pracleuse.	The of

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH County Village or City ND. ND. St., (If death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred or he death occurred in a horpital or institution, give its NAME instead of street and number death occurred or he death occurred in a horpital or institution, give its NAME instead of street and number death occurred or he death occurred in a horpital or institution, give its NAME instead of street and number death occurred or he death occurred in the death occurred or he death
Village or City No. St., (If death occurred in a horpital or institution, give its NAME instead of street and number Length of residence in city or town where death occurred Oyrs. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("brite the word) (Wonth) (Day) 1. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Village or City. No. (If death occurred in a horpital or institution, give its NAME instead of street and number Length of residence in city or town where death occurred on a horpital or institution, give its NAME instead of street and number death occurred on a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution. St. Ward. 1
Length of residence in city or town where duath occurred by yrs
(a) Residence: No. (bund place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word) 5a. Il married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. Il married, widowed, or divorced HUSBAND of (or) WIFE of 22. 1 HEREBY CERTIFY, That I attended secess to have occurred on the date stated above, at
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word) 5a. II married, widowed, or divorced HUSBAND of (or) WIFE of 21. DATE OF DEATH (Month) (Month) (Day) (Wonth) (Day) (A) 1 HEREBY CERTIFY, That I attended access to have occurred on the date stated above, at
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. Il married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at
OR DIVORCED (write the word) 5a. II married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended cease (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at
5a. Il married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended ceeas (or) WIFE of 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. The PRESIDENCE AL CAUSE OF DEATH and related causes of importance
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1.1m. 1 day,
7 5 The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Well as follows 2)
8. Trade, profession, or particular
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
SAW MILL, BANK, etc
this occupation (month and spent in this occupation
Other Contributory Causes of Importance
(State or country)
13. NAME Clohy Mishon
13. NAME 14. BIRTHPLACE (orty or town). Date of
(State of country) What test confirmed diagnosis? Was there an au'opsy
15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of Injury 17. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 18. MAIDEN NAME
— (State of country) Where did injury occur?
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) montivedo mel.
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury
Place Date Date 1944 O , 1943 Nature of Injury
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?
(Address) If so, specify
20. FILED apr 8, 1935 - Colara M Hashely (Signed)
Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V=			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Ume / Strum plnods (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred statement PHYSICIAN (Sual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OVORCED (write the word) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. EBY CERTIFY. That I attended deceased from (OF) WIFE OF 5 I last saw h fire elive on 田 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE If LESS than Years Months Davs I deyhrs. or____min. were as follows: 8. Trade, profession, or particular NO kind of work done, es SPINNER, THIS RESERVED of SAWYER, BODKKEEPER, etc. back Industry or business in which may hould work was done, as SILK MILL SAW MILL, BANK, etc Date deceased last worked at this occupation (month and 11. Total time (years) ŏ spent in this that occupation ____ instructions Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town) (State or country) HER I3. NAME AT See 14. BIRTHPLACE (city or town) Name of operation_ L (State or country) HER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) moun (State or country Where did injury occur?_ be Q Should OF (Address) OR REMOVAL 18. BURIAL, CREMATION Manner of injury -WRITE AUSI Nature of injury 19. UNDERTAKER (Address) If so, specify 20, FILED. Z Registrar. (Ardress) _

Registration Dist. No. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. If nonresident give city or town and State (Day) (Year)

Date of onset

MEDICAL CERTIFICATE OF DEATH

to have occurred on the date stated above, et-

The PRINCIPAL CAUSE OF DEATH end related causes of importance

What test confirmed diagnosis? Marreuse Was there an au'opsylle

23. If death was due to external causes (VIDL ENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of injury______ 19__

(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.

24. Was disease or Injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	the statement of the st	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy > 5	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis P	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
	111491,1000	Guide Control and	1 yeur

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03838
1. PLACE OF DEATH	191.0
County a a	Registration Dist. No.
Village or City annapolit me	No. Noval Hospilal St Word
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Bedford Brasin	mills
(a) Residence: No. I gleballs mi	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DAVORCED (write the word)	First 23 100/5
5a. If marriad, widowad, or divorced	(Month) (Day) (Yeer)
HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
Walsey & Mills	
6. DATE OF BIRTH (month, day, and year) Got 30 - 1895	I last saw h alive on, 19; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
39 5 23 1 dey,hrs.	were as follows:
Trada, profassion, or particular wind of work done as SPINNED	an Head being Date of onset
kind of work done, as SPINNER, Labour SAWYER, BOOKKEEPER, etc Labour Work was done, as SILK MILL Work was done WAS WAS DO	1 PARONA
Industry or business in which work was done, as SILK MILL, Noval academics SAW MILL, BANK, etc	Compace by a Dome
O 10. Date deceased lest worked at april 23 11 Total time (years)	It no Harling on hum when
this occupation (month and 1935 spent in this occupation	Dirlia HIMA
Ninci in	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Wy (Stats or country)	-
13. NAME Ges W Wells 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of
	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Poses a Williams	23. If deeth was due to external causes (VIOLENCE) fili in also the following:
15. MAIDEN NAME Pose of williams 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Virginia	Where did injury occur?
17. INFORMANT Rangey B mells	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Schools a -a - Con	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piace Older Date 19 19	Natura of injury
19. UNDERTAKER 13 - Zi. Hopping	24. Was disease or injury in any way related to occupation of deceased?
(Address) annapolita. m.	If so, specify A
20. FILEO 4 9 5- 19 31- SMent	(Signad) own NIFT of them folly M. D.
Registrar.	(Address) Am polishe come
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	14	Example II	
The principal cause of death and lelated causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial neprited 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03839
1. PLACE OF DEATH	<u> </u>
County	Registration Dist. No.
Village or City Annafivtis III a	No. Emry gency Tosfulal St., & Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Shill Insant	Houlden WITHIN CORPORATE LIMITEDE
(a) Residence: No.	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
100	(Month) (Day) (Year)
5a. If matried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) april 3, 1935	Hest saw hasis elive on Stillbarn 4/3, 19.35; deeth is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete steted ebove, et 10.30 7 m.
1935 900 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
9 Trade profession on postinut-	Date of onset
SAWYER, BOOKKEEPER, etc.	Sulfbarn 4/3/3
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	77
Date decessed last worked et 11. Total time (years)	
this occupation (month end spant in this yeer)	
12. BIRTHPLACE (city or town) - CMN Call olis	Other Contributory Canses of importance:
(State or country) $a-a-co-ma$	Estanela a Tourte
13. NAME Duford Mouldon	and the state of t
13. NAME Duford Mouldan 14. BIRTHPLACE (city or town) Lothian	Neme of operation Mane Dete of
(State or country) (-u -co frid	What test confirmed diagnosis? Clinical Was there an au'opsy? 11
15. MAIDEN NAME Lousia Parker	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Lougia Parker 16. BIRTHPLACE (city or town) Lothian	Accident, suicide, or homicide? Dete of Injury, 19
(Stete or country) a a co 1/10.	Where did injury occur?
17. INFORMANT WESLY Parker	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Fothias aa co-1110	
18. BURIAL, CREMATION, OR REMOVAL PIECE THOMAS GREET Date 3. 4 1935	Menner of Injury
Plece I Jectiff Comment Date 21 . 4	Neture of injury
19. UNDERTAKER EL H 13 Yarker	24. Was disease or injury in any wey releted to occupation of deceased?
(Address) 47 Washington St	If so, specify
20. FILED 4/5 ,1935, J M 11/25.	(Signed) - Walls Iff assess M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attock of epilepsy 1 week ogo Chronic interstitial nephritis 11921 Run over by street car 1 week ogo Cerebrol hemorrhage July 5, 1927 Peritonitis 3 days ogo Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03840
1. PLACE OF DEATH	(46-8)
county Come Crumcle	Registration Dist. No.
Village or City rasadena	NoSt.,Ward
Length of residence in city or town where death occurredmos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME John Owe	ns
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Cypril 20, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	122. 1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) and 2 1875	I last saw has alive on 4 - 20 19 31, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
79 8 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Forestee SAWYER, BOOKKEEPER, etc.	Carcinoma of stomach
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	6 mo
10. Oate deceased last worked at this occupation (month and grant in this year)	
12. BIRTHPLACE (city or town) Creace Cerme Co	Other Contributory Causes of Importance: to Cross 4 mg
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation. Jacob entero Code of 12-22 Whet test confirmed diagnosis? Characa Was there an au'opsy?
15. MAIDEN NAME The any & . Loves	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME May C. Acres 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Pelecco Owens (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Magothy Date 4-24,193	Manner of injury
19. UNOERTAKER Parte 12. 200 eugan (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 4-20, 19 31- 2. a. d. D. W.	(Signed) Seaders M.S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitiol nephritis 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritie May 1.1923 1 year

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY PHYSICIAN
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	TE PLAIRLY, WITH UNFADING INK-THIS IS A PERMANENT REC. RD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	kD. Every	HYSICIANS	t statement
5	NT REC	LY.	d. Exact
SINDING	ERMANE	EXACT	classifie
FOR I	S IS A P	stated	properly
MARGIN RESERVED FOR BINDING	INK-THIS	3 should be	t it may be
SGIN RE	FADING	lied. AGE	ms, so tha
MAI	WITH UN	fully supp	n plain ter
•	LAMALY,	ld be care	DEATH i
	re Pi	noys 1	E OF

or occurs	County Village or C	Anne Ar ity Crownsv	ille Sta	ate Mospi	f death occurred in a hospital or institution, give its NAME instead of street and number)
arcurent	Length of residence 2. FULL NAP (a) Residence	we Isthe	e death occurred 2 r Purks 101's, Ma	yrsmos	s6_ds. How long in U.S. if of foreign birth?yrsmosds. St Ward.
gastring			(Usual place	of abode)	If nonresident give city or town and State
3.	sex female	AL AND STATIS 4. COLOR OR RACE black	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, ED (write the word) Tied	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH April 20th 193 5
-	If married, widow HUSBAND of — (or) WIFE of	James		2200	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from April 24th 1930, to April 30th 1935 death is said
	AGE Year	rs Months	Days n known	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4: 0.5 m.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOCCUPATION 12	9. Industry or to work was SAW MILL 10. Date decease this occup	y or town)	Housew 11. Total t spa occ yland	ork ime (years) ntin this upation	Pulmonery tuberculosis 5 des Other Contributory Causes of Importance:
FATHER	13. NAME 14. BIRTHPLACE (State or	George St	ewart ryland		Name of operation Data of Was there an autopsy?
MOTHER	15. MAIDEN NAM	ME Lillian (city or town) Ma:	(Unknow ryland	n)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
	(Address)	Crowne vil	usone Ce		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury
_	. UNDERTAKER	Joseph annu	Lively	Els sond	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	WE LE
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

33

PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RE AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WRITE PLA

1 21405 0		OF MAR	YLAND-	CERTIFICATE OF DEATH 02842
1. PLACE O				67
/	Anne Aru			Registration Dist. No. 21
Village or (city Annapol	is	7	No. Emergency Hospital St., 2 Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of res	idence in city or town where	death occurred	yrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds
7	ME HANNAH			WITHIR CORPORATE LIMITS OF
(a) Resider			West Anna	
(4) 11001401	100.1101	(Usual place		If nonresident give city or town and State
	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex	4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCE Sing	RRIED, WIDOWED, ED (write the word) Le	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widov HUSBAND of	ved, or divorced			22. J HEREBY CERTIFY That I attended deceased from
(or) WIFE of				22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH	(month, day, and year) De	c. 11.	1932	1 last saw her alive on april 129 1935 death is soil
7. AGE Yea		Days	If LESS than	to have occurred on the date stated above, at 11.580 m.
2	4	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profe kind of v SAWYER	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	none		Engarged / hymnus Conga
9. Industry of Work wa	business in which s done, as SILK MILL, L, BANK, etc.			- June 9
O To. Date deceas	ed last worked at pation (month and	II. Total spe	time (years) ent in this upation	
12. BIRTIIPLACE (ci		ifornia		Other Contributory Causes of importance:
. 1	lliam Sterl		sons	
Ξ		icago.	00110	
(State of		Ill.		What test confirmed diagnosis? Austopay Was there an autopsy? Yes
15. MAIDEN NA	ME Martha Cl	uverius		23. If death was due to external causes (VIOLENCE) fill in also the following:
	(city or town)W	ashingt D.C		Accident, suicide, or homicide? Date of injury, 19
(Address) W	illiam Ster est Annapol	ling Pa is, Md.	rsons,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAT	ion, or removal ington. Va.	Date May	1, , , 35	Manner of injury
19. UNDERTAKER J (Address) A	ohn M. Tayl nnapolis, M	or, aryland	ush	24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) (Address) U.S. Fraval Academy
	If more	blanks are needed,	Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	principal cause of death and related causes mportance were as follows: Date of onset The principal cause of death and related cause of importance were as follows:		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		TOBATEO THE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RI mation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. LY, -WRITE PL E.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-20
County A CA	Registration Dist. No. 2
Village or City Amabelia	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Louisa Feel	WITHIN COMPORATE LIMITS OF
(a) Residence: No. 10 Pleasant Court (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Here produced produced	21. DATE OF DEATH 25 25 193 5 (Year)
Se. If married, widowed, on divorced HUSBANO of (or) WIFE of Seph Peel	122 HEREBY CERTIEY. That I attended deceased from 1935, to 2 3 , 1935
6. DATE OF BIRTH (month, day, and year) Sept. 1, 1884	I last saw help alive on Opr 23 193 1; death is sal
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, et
8. Trade, profession, or particular kind of work done, as SPINNER. A ownersh	Chy. myocarentio ?
work was done, as SILK MILL,	
ID. Date deceased last worked at this occupation (month and year) this occupation (month and year) this occupation.	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causea of Importance:
13. NAME Allen Brown	Joseph V. V. Warran
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Sparray of 100 Mgs	23. If death was due to external causes (VIDLENCE) fill In elso the following: Accident, suicide, or homicide?, 19
17. INFORMANT (Address) (State or country) (Address) (Address) (Address)	Where did injury occur?(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Siever Hill Date The 18, 195	Manner of injury
19. UNDERTAKER 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 428, 1935 Miles 9' Registrar.	(Signed) Mannie 7, Kawam M. (Address) Was South Gut av.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MG 3 VI 3 G	
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

	0				
0	1	0	19	11	
1)	4	0	4	4	

1	. PLACE OF		-		(131)				
	County	me "runde			Registration Dist. No.	7			
	Village or City_	Crowns	ville S	State Hosp		Ward			
	Length of residence	e in city or town where d	eath occurred2		death occurred in a hospital or institution, give its NAME instead of street and a death occurred. How long in U.S. if of foreign birth?mo				
2	. FULL NAME		n Quint	on					
	(a) Residence:	No. Wico	mico Co	unty. Man	eylstind Ward.				
Lance Control			(Usual place	of abode)	If nonresident give city or town and	State			
_		AND STATISTI			MEDICAL CERTIFICATE OF DEATH				
	emale 4.	COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH April 28th (Month) (Day)	, 193 <u>5</u> (Year)			
5a.	If married, widowed, on HUSBAND of	or divorced			The state of the s				
	(or) WIFE of			MINNEY SH	April 28th	Jeceased from			
_	DATE OF BIRTH (mon	ith, day, and year)	1857		I last saw h er alive on April 28 19 35	; death is said			
7.	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.				
	78	Unkno	Vn	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset			
NO	8. Trade, profession kind of work	o, or particular done, as SPINNER, OKKEEPER, etc	None		Acute myocardial failure	2			
Ä	SAWYER, BO		210110		Broncho pneumonia	l da.			
an	work was dor	ne, as SILK MILL, ANK, etc							
OCCUPATION	10. Date deceased la		Sp6	time (years) ent in this					
		7.1	sryland		Other Coutributory Causes of importance:				
12.	BIRTHPLACE (city or (State or country)	town)	or y raite		Hypertensive C. I. disease				
0:	13. NAME INOS		ds, dea	d	Generalized arteriosclerosis				
FATHER		Mar	rland		Senility				
FA	14. BIRTHPLACE (cit (State or cou				Name of operation Date of What test confirmed diagnosis? Was there an a				
2	15. MAIDEN NAME	Florida	(TTm less o	oun) desd					
MOTHER			(Unlend		23. If death was due to external causes (VIOLENCE) fill in also the following				
MO	16. BIRTHPLACE (cit (State or cou	y or town)	Mann, Mall	10.	Accident, suicide, or homicide? Date of injury	, 19			
	TTO		ords		Where did injury occur? (Specify city or town, county and State	:)			
17.	(Address)	Crovnsvil		TIEND	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.			
18.	BURIAL EREMATION	OR REMOVAL	7	4 55	Manner of injury				
	Place Del	al le cuela	Date	, 19	Nature of injury				
19.	UNDERTAKER (Address)	R. P. We	ulero	de Suff	24. Was disease or injury in any way related to occupation of deceased?				
_	3./1		7000	7 rue	If so, specify (Silead)	7			
20.	FILED_/2 30		0	Registrar.	(Sined) (Address) STOWN VIIIe 15-12-17-17-17-17-17-17-17-17-17-17-17-17-17-	M. D.			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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EVILL	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

1. PLACE OF DEATH	Town or took h
County	Registration Dist. No.
Village or City Deng Tatole at Sum	ND. War (If death occurred in a horpital or institution give its NAM), instead of special and number)
Length of residence in city or town-where death occurredyrs	mos ds. How long in U.S. if of foreign birth? vrs. mos. d
2. FULL NAME Asillard All 19	WITHIN CONTORATE LIMITS OF
	, , , , , , , , , , , , , , , , , , ,
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor	p) (1935)
a. If marriad, widowed, or divorced	(Manth) (Day) (Year)
HUSBAND of Onice of 19 19 19 19 19 19 19 19 19 19 19 19 19	22. I HEREBY CERTIFY, That I attended deceased from
All 1000	a 4 1932 to 4 1932
DATE OF BIRTH (month, day, and year)	1 last saw h f 127 alive on Up 1 4 , 1935; death is s
AGE Years Months Days If LESS th	
Ormin	were as follows: Data of one
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	G. C.
S. Industry or business in which	Me. Janjumo appendica 4/10
work was done, as SILK MILL, Blacken Holel	Bolt to all white
9. Industry or business in which work was done, as SILK MILL, Black Holes SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and spent in this	Com in a var of the same
year) occupation	Dther Coutributory Causes of importance:
2. BIRTHPLACE (city or town) Classbrille	Differ Contributory Causes of Importance.
(State or country)	
13. NAME TO TOWN)	
14. BIRTHPLACE (city or town)	Name of operation musey brum . The Date of 14/15
(State of Country)	What test confirmed diagnosis? Of Make U Was there an autopsy?
15. MAIDEN NAME Tourling Pobert	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Tourling Tobert 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(Stato or country)	Where did injury occur?
7. INFORMANT (Posic), Bolesto	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Schairs Claffle Date 4, 7, 2, 19	35- Nature of injury
a limbertaven	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify A A A T
421 35 July bl	(Signed) Manu ty (anama M
20. FILED 4 - 19 7	14 1 2 1/2

CTATE OF MADVI AND CEDTIFICATE OF DEATH

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arterioselerosis 1915 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1.1923 Gastroenteritis Gallstones 1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY PH	YSICIAN
--------------	-----------	---------	------------	-------	---------

If nonresident give city or town and State (Oay) CERTIFY. Jhat I attended deceased from

The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset sequela of one of

----- Was there an autopsy

Accident, sulcide, or homicide?______ Oate of injury______ 19_

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

If more blanks are needed, addyrs State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

24. Wes disease or injury in any wey related to occupation of deceased?

20. FILEO.

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Example I	77	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	1 week ago 3 days ago
H. PEAU Y			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH pluods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?__ SICIANS Length of residence in city or town where death occurred. statement Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH Exact PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. OR DIVORCED (write the word) (Month) (Day) (Year) classified 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) If LESS than 7. AGE Years Months Oays to have occurred on the date stated above, at ______m. 1 day....hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... ARGIN RESERVED back Industry or business in which may work wes done, as SILK MILL, SAW MILL, BANK, etc. 000 on 10. Dato deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation ... Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME Nama of operation Oate of 14. BIRTHPLACE (city or town) ain (State or country) What test confirmed diagnosis? _____ Was there an au'opsy? ____ carefull MOTHER 15. MAIOEN NAME 23, if death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) import DEATH (State or country) Where did Injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL WRITE AUSE TION 24. Was disease or injury in eny wey related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed) 20. FILEO. Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

	V			
0	y	8	4	8
()	1		1	

1. PLACE OF				210,8		()	4030
County	Anne Aru	ndel			Registration	Dist. No. 2	1
Village or Ci	ity South R	iver Ro	ad	No		St	Ward
Length of resid	dence In city or town where o	death occurred		death occurred in a hospital or institut			
2. FULL NA	ME PARKER	M. SIM	PSON		William		
(a) Residence	ce: No. 3 Mart	in (Usual place	of abode)	St., 1 Ward.	If nonresident	give city or town as	nd State
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CE	RTIFICATE	OF DEATH	
male	4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCE Marri	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	April (Month)	22 (Day)	, ₁₉₃ 5
5a. If merried, widow HUSBAND of	ed, or divorced	Od			(month)	(Day)	(Yeer)
(or) WIFE of	porot	hy Simp	son	22. I HEREBY		Y, That I attende	
6. DATE OF BIRTH (month, day, end year) De	c. 28,	1902	I last saw halive on			
7. AGE Year	rs Months	Days	If LESS than	to heve occurred on the date stated	l above, at	m,	
3	2 3	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH	H and related caus	ses of Importance	1
Z Trade, profes	sion, or particular				0		Date of onset
	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	driver		+ 1			
9. Industry or to	business in which done, es SILK MILL, Q.L., BANK, etc.	47 +	3-	1st deque	Tres	us	
	L, BANK, etc	il truc					
Q this occup	pation (month and	spa	time (yeers)				
			upation	Other Contributary Causes of impor	tance:		
12. BIRTHPLACE (cit	y or town) Bluemo	nt,					
(State or coun		ginia					
I3. NAME	Thomas F.	Simpson					
13. NAME 14. BIRTHPLACE	(city or town)			Name of operation		Date of_	
(State of		rginia		What test confirmed diagnosis?		Was there an	au'opsy?
15. MAIDEN NAM	MEFlorence M	ildurn		23. If death was due to external cape	(VIOLENCE) fi	Upin also the following	ng".
15. MAIDEN NAM	(city or town)			Accident, suicide, or homicide	under	Date of Injury	221938
≥ (State or		irginia		Where did injury occur?	mater.		mid
17 INFORMANT R	oy E. Simps	on		Specify whether in the low opening in	(Specify city or LANDUSTRY, in HA	ME, or in PUBLIC P	ale)
(Address) A	rlington. V	irginia		State	degle	cotery	E. IOE.
18. BURIAL, CREMATI			24 85	Manner of injury	5 Cal	Electr	0 11.
Place ATL	ington, Va.	Date Apr.	24, 19 35	Nature of injury	my do	-ene to	I here
	ohn M. Tayl	or,		24. Was disease or Injury In any wa	y related to occup	ation of deceased?	//
1.1	Tapol 13	0.44	. 1	If so, specify		19	111
20. FILED 4 2	J., 1977	Huy	Registrar.	(Signed) (Address)	una ?	and and	1
		blanks and and to	The second secon	2411 N. Charles Street, Baltimore, Req			72 (

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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state

should

1 DI AC		ATE OF	MAR	YLAND-	CERTII	FICATE	OF DE	ATH 0	2849
	E OF DEATH	0				46.8			
Count							1	on Dist. No.	
Village	or City and	rapor	leo		No. 53		eero	St.,	Wa
Length	of residence in city or	town where deat	h occurred	Vrs mo				ME instead of street a	
		lak	· 7	St					
2. FULL	4.6	John	*	neuen			WITHIR CO	SEPORATE LIMI	TS OF
(a) Re	esidence: No. 53	made	(Usual place	of abode)	St.,	Ward.	If nonresid	ent give cily or town	and State
PER	SONAL AND S	STATISTIC	AL PARTI	CULARS		MEDICAL		TE OF DEATH	
, SEX	4. COLOR/OF	R RACE 5.		RIED, WIDOWED,	21. DATE	OF DEATH			
·M	w	miller "	Marie	(write the word)		affe	me	3	193 5
If married,	widowed, or divorced		4 1			- /	(Month)	(Day)	(Year)
(or) WIF	E of Marin	, Q. Q	Theren	~	22. M	HEREE	Y CERTI	FY That I attend	-
		<i>b</i> >	010	1856	110		, 19 2 , to	april	19 19
	IRTH (month, day, and		25- /	0	-	alive on	affin	119.8	; death is s
AGE	Years	Months 5	Deys	If LESS than 1 dey,hrs.	The second second		tated ebove, at	auses of Importance	
1 3 -	18			ormin.	were as follo		EATH and related C	auses of importance	Date of one
8. Trede, kir SA 9. Indust WG SA 10. Dete	profession, or particu nd of work done, es Si WYER, BOOKKEEPER,	PINNER, M	Park Si	mella	Palia		f	/)	
	WYER, BOOKKEEPER, ry or business in whic		2011/1/1		Larce	moma	Simis	een	lea
WC	rk was done, as SILK W MILL, BANK, etc	MILL.							1193
10. Dete	deceased last worked as occupation (month as	at Jan 15	11. Totel ti	me (years) 6	Ī				0
ye ye	ar)	nd 1935	Spell	tin this // pation					
. BIRTHPLA	CE (city or town)	Calue	it do	mo	Other Contrib	entory Causes of i	mportance:		
	or country)			1	arte	ve Scle	100		
13. NAME	Fulle	V 5	Sleves	ne					
14. BIRTH	PLACE (city or town)_				Neme of oper	ation		Date of	· · · · · · · · · · · · · · · · · · ·
(\$	tate or country)	naine	~					Wes there	111
15. MAIDE	IN NAME Sar	och &	Jas	alt) fill in also the follow	
15. MAIDE	PLACE (city or town)_	0						Date of injury	
	tete or country)	Calu	est ce	m		ury occur?			
7. INFORMAN	- mary	1. 8/1	Lieus	3			(Specify city	or town, county and HOME, or in PUBLIC	State)
	ss) 52 mai	lison /	IX ann	epolet no	- Opening miles	or mjury cocurre	a in Theodrain, in	nome, or mir obero	r anos.
BURIAL, CE	REMATION, OR REMO		61.0	M 36	Manner of ini	ury			
Place	oldar Isla	of the	Date Jake	, 19		ıry			
HNDCOTA	10 fg 4	Hap	Amig					cupation of deceased?	MI
9. UNDERTAK (Addre	ss) toma	bolod 1	mar	land	If so, specify		,, 1013100 10 001	superior of deceased?	
k i	1- /2	-1- (di	1811/	17)	(Signed)	XI.	4981	3/4	x 10 4

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A Superall Y. S.		-		
Other contributory causes of importance:		Other contributory causes of importance:		
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TYDDITTOTICE	DI AUL	TOTE	T. C. L. T. T. T. T. T.	DIEZEL LIME LIME LO	20 2	T TY T DECITED A

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state D. Every item of infor-

of OCCUPA.

V. S. No. 1

certificate.

	3
	CERTIFICATE OF DEATH 03851
1. PLACE OF DEATH	(82:2)
County and armole	Registration Dist. No. 23
Village or City 7 endale	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Clavid Howard	Tanks
(a) Residence: No. flowlale (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH - ()
male White OR-DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of Suma Magraw Jaylon	HEREBY CERTIFY, That I attended deceased from
Bunnet 1 1890	1 last saw h. (27) alive on 1935 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	0.30
74 8 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or perticular (Validad A)	were as follows: Date of onset
I Trade, profession, or perticular kind of work done, as SPINNER Ketwed Baggage man	concerne such concernes pulse ago
Kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decassad last worked at this occupation (month and this programation their occupation).	Links to a
SAW MILL, BANK, etc.	70,00
spentin this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) ()	Carelinal Thromboses 5 yrs, ag
(State or country)	
# 13. NAME Hollan B. Jaylor.	
13. NAME Allan B. Taylor.	Name of operation
(State of country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Hamale E. Taylor. 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
9. 8 .9 T.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT AND CAMMO M. Jackson (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manage of injury
Placed r. Port Depositive 10/6/35	Mannar of injury Neture of Injury
21-11/11-the	5)
19. UNDERTAKER TO AMONDES ON AVO.	24. Was disaase or injury In eny way related to occupation of decaased?

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	PERCALI VIS.	7		
Other contributory cau	uses of importance:		Other contributory causes of importance:	
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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	state	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1		1. PLACE OF DEATH	958
N	of of of	County C	Registration Dist. No. 2 1
XX	sh	Village or City Unnafallis Ma	death occurred in a horpital or institution, give its NAME instead of street and number)
	~ 02	Length of rasidance In city or town where death occurredyrsmos	dsHow long in U.S. If of foreign birth?yrsmosds.
	Every CIANS ement	2. FULL NAME (Hyrra Thomps	son
	D. IYSI stat	(a) Residence: No. Shady Side - Md (Usual place of abode)	St., Ward. St., Ward.
	RE. PF Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9	LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Ciful 7, 1935
S	VE.	5a. If married, widowed, or divorced Experied Shormson	(Modth) (Day) (Year)
BINDIN	X A C T Sclassified	(or) WIFE of	22. Maril A EBEBY CERTIFY, That I attended deceased from
BII		6. DATE OF BIRTH (month, day, and year) X 1883, July 22	I last saw h. @1 alive on A 19 17 19 34 daath is said
	F 7 6 1	7. AGE Years Months 8 Days 15 Uf LESS than	to have occurred on the date stated above, at 10.30 f.m.
FOR	IS A I stated proper	3 d - 81 July 22 Iday, hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
	20	Trada, profession, or particular kind of work done, es SPINNER,	Colalary Helaubous Date of onest
至		kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last workad at this occupation (month and this prognation of the program	1/47
RV	should it may n back	work was dona, as SILK MILL, SAW MILL, BANK, etc	
SE	I sh	10. Date dacaased last worked at this occupation (month and this spant in this	
RESERVED		this occupation (month and this occupation	
	NFADING pplied. AGE erms, so tha instructions	12. BIRTHPLACE (city or town) Shady Side	Other Centributory Causes of importance:
MARGIN	AD ed. s, s	(State or country) fa-a-co-kno	allen
R	UNFA pplied terms, instru	# 13. NAME Charles Coals	
MA	D = 2 =	14. BIRTHPLACE (city or town) Shady Side	Name of operation Wife Date of
	ITH illy si plain . See	(diate of county)	Whet tast confirmed diagnosis? Physical Was there an autopsy?
	X, WITI carefully I'H in pla ortant.	15. MAIDEN NAME Rebucca Grots	23. If deeth was due to external causes (VIOLENCE) fill in also the following: /
	LY, WI be careful EATH in p important.	16. BIRTHPLACE (city or town) Shady Side	Accident, suicide, or homicide? Date of injury 19
	d be car DEATH y import	(State or country) a a lov- ma	Where did Injury occur?
	PAN	17. INFORMANT BIOCHUS Thomson (Address) Shady Sids Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	on ISE	Place Il Mathews Cense Date 4 , 19 38	Nature of Injury
. 1	WRITE mation s CAUSE TION is	19. UNDERTAKER Of Branker (Address) 4 12 Washington (O)	24. Was diseese or injury In any way releted to occupation of decaased?
S. No.	B.	(number)	If so, specify
. V	ZT	20. FILED 4 / 0 , 19 3 2 9 MW 4 7	(Signed) M. D.
	0	If more blambe are needed address San D.	(Addrass)
		-, more viented, address state Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Dr and Exteri

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1910	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	. 10		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS E	BY P	PHYSICIAN
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V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02853
County Ame Arundel Village or City Crownsville State Hosp	
	death occurred in a horpital or institution, give its NAME instead of street and number) 4. ds. How long in U.S. if of foreign birth?
(a) Residence: No. Beltimore, Haryler (Usual place of abode)	1d St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX female block 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Single	21. DATE OF DEATH APRIL 25th (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaesad from Merch 1st 1923 to April 25th 19.25
6. DATE OF BIRTH (month, day, and year)	Hast saw her alive on April 25th 19 35; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 12:304. M. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Frada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work wes dona, es SILK MILL, SAW MILL, BANK, etc.	Loute myocardial failure Cass
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Larriand . (State or country)	Other Contributory Canses of importance: General arteriosclerosis Lypertensive cardial vascular
E 13. NAME George Henry Phompson	renal disease
13. NAME George Henry Thompson 14. BIRTHPLACE (city or town) Virginia (Stete or country)	Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Cordelia Ringgold 16. BIRTHPLACE (city or town) Mar /land (State or country)	23. If death was due to axternal ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Hospital Records (Address) Crownsville Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Harford & Pleca Lelen Agency Data agent 16, 1935	Mennar of injury
19. UNDERTAKER School January Solvers (Address) 20. FILED The 1935 Refistrar.	24. Was disease or injury for any way related to occupation of accessed? If so, specify (Signed Address) OF OWNEY 11e Many 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who, had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

02854

1. PLACE O	F DEATH			(108)	
County	A)	me Arund	el	Registration Dist. No. 27	
			(11)	No. Station Hospital St., death occurred in a hospital or institution, give its NAME instead of street ar	Ward number)
Length of res	sidence in city or town where	leath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	_mosds.
2. FULL NA	ME John	W. Voge	1		
(a) Reside	nce: No. 1201 Cu	rtis (Usualplace	of abode)	St., Ward. Berkley, Calif. If nonvesident give city or town a	and State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Male	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word) ed	21. DATE OF DEATH April 15 (Month) (Day)	193 5 (Year)
HUSBAND of	Mrs. Roberta	F. Vogel		22. I HEREBY CERTIFY, That I attend April 14 ,19 35, to April 15	
DATE OF BIRTH	(month, day, and year)	1873		I last saw him alive on April 15 193	
	Months	Days	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, at 5:40 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
kind of SAWYEI J. Industry or work wi SAW MI 10. Date decea this occ year)	ession, or particular work done, as SPINNER, R, BODKKEEPER, etc	S. Army	ima (years) nt in this upation 22	Pneumonia, lobar, middle and lower lobes, right. Other Contributory Causes of importance:	
	Unknown	MeM le	rsey	•	
(State o	E (city or town)	Unknown Un	known	Name of operation Date of What test confirmed diagnosis? Was there a	
15. MAIDEN N	AME Unknown			23. If death was due to external causes (VIDL ENCE) fill in also the follow	ring:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country) Unknown				Accident, suicide, or homicide? Date of injury Where did injury occur?	
	1201 Curtis St		y, Calif.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
18. DURINDERFEMATION DOR REMOVAL Place Berkley, Calif Date , 19				Manner of injury	************
(Address)	Robert Brooks 17 S. Calhoun 16 ,19 35 C.	St. Balt	nun	24. Was disease or injury in any way related to occupation of deceased?	NO

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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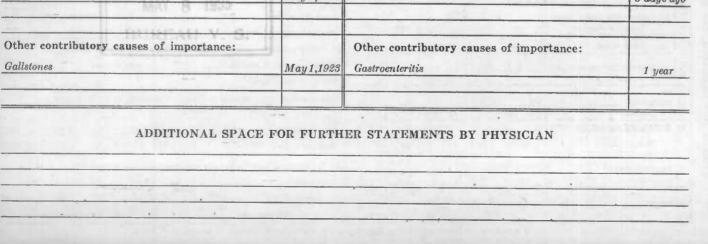
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF MARYLAND CERTIFICATE OF DEATH

	HYSI- Exact	PLACE OF DEATH County ame arundel.	STATE OF MARYLAND CERTIFICATE OF DEATH
	d. be	County Come Withhirth	Registration Dist. No. 23
ECORD	EXACTLY, P ly classified. ficate.	Village or City Elea Burney (No	St.: Ward) St.: Ward) (If death occurred in a hospital ir institution, give its NAME instend of street and number.)
0	stated E properly of certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANEN	b b b	Finale A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH CAPTY 20 , 193 5 (Year)_
A PERM	e +	6 DATE OF BIRTH Operat 13 , 1928 Conth) (Day) (Year	that I last saw h ealive on 1987.
THIS IS	d A so t	7 AGE [if LESS than day	The CAUSE OF DEATH * was as follows:
SERVE INK1	y sup in tor See	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Influenza.
R C	arefu in p	usiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Walk, Ind.	Contributory Moni / Valralas Designs of the Secondary
MARGIN	ould k	10 NAME OF Wint. Warfield.	(Signed) J. Belly B. M. D. (Signed) 4 192 (Address) Elaborne M.
TIM	ON SE	OF FATHER (State or country)	*State the Discase Causing Feath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
>	rmat te C	of MOTHER May Triffeld	18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Transients or Recent Residents)
0	Inford state	13 EIRTHPLACE OF MOTHER (State or country) Maryland	At place of death yes mos ds. In the State yes mos ds.
F.	nount of of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
WBi	Every ite CIANS S statcmer	(Address) The Burne . My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL GENERAL CHART 22, 10 2.
	B. EV	Filed /22 1935 Malla Registras	JB. Wippert. + Sm Back md.
	*	If more b.anks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

7, S. No. 1

MARGIN RESERVED FOR BINDIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as ν ay taborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) (Freety; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: c additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fuluess of various pursuits can be known. whatever, write None. business, that fuct may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," "Deal-Civil engineer, the first line will be sufficient, e g. I must or Planter, cupation is very important, so that the relative health Statement of Occupation Precise statement of oc household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on Stationary fireman, et . But in many Locumotive engineer. The ques-

Statement of Cause of Death—Name, first, the pis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Hamples: Cerebros pinal fever (the only definite synonym is "Tpidemic cerebrospinal meningitis"); Diphtheria avoid use of "Coup", Typhoid fever (never report "Typhoid Pneumonia":

> diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart round Old Age, "Old Age," "Old Age, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., se, sis, tolanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICI'A., taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping .. (name origin; "Cancer" is less definite; avoid by Committee on cough; Chronic etc. valvular heart Nomenclature The contributory " Shock," discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. At he data is essential and must be obtained before the certificate is permanently filed.

	3
EATH	08856
ntion Dist. No	22
NAME instead of stree	St., Ward et end number)
sident give city or tov	
ATE OF DEA	
(Dey)	193 S (Year)
IFY, Thet latt	tended deceased from
)	ر د د و ا بر د د و ا بر د د و ا
a a m.	
causes of importance	e I D i d i
monia	Date of onset

a	
dan.	4/6/3 V
	ere an autopsy? Lyg
CE) fill in eiso the fo	oliowing:
Date of Injury	, 19
ity or town, county or in HOME, or in PUBL	nd State) LIC PLACE,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE (OF MARYLAND-	CERTIFICATE OF DEATH	1 03857
1. PLACE OF DEATH		(31)	
County a a		Registration Dist.	No. 2/
Village or City Annalyse	tes and	Nost Marys Reclaix	St., Ward
	/~ (1	f death occurred in a horpital or institution, give its NAME inste	ad of street and number)
Langth of residence in city or town where		sds. How long in U.S. If of foraign birth?	_yrsds.
2. FULL NAME YES	augustine we		
(a) Residence: No. S.P. M.	West place of abode)	St., Ward.	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF	ity or town and State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	DEATH
m w	OR DIVORCED (write the word)	Itpn	1935
5a. If merried, widowad, or divorced		(M) nth)	(Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY.	bat attended deceased from
	LY 1- 1852	1931 to A	7019, 1981
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months	7-1	I last saw h alive on	193. J.; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, et. 4. The PRINCIPAL CAUSE OF DEATH and releted causes of i	m, '
8 L 6	ormin,	were as follows:	Date of onset
8. Trade, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	minuter		
		Contract lielded	7.07
SAW MILL, BANK, atc	9	J. M. Wifter	- and
This occupation (month and	11. Total time (yaars) spent in this	Crasmia	april 5%
year)	Occupation	Dthar Coutributory Causes of Importance:	13
12. BIRTHPLACE (city or town) (State or country)	ewigh for	The American	4.1.
	V	Artemo Cleros	- Je
E	our.		
14. BIRTHPLACE (city or town)	12.5Do	Name of oparation	Data of
	moure	What tast confirmed diagnosis?	
E	Tur	23. If daath was due to axternal causes (VIOLENCE) fill in al	-
16. BIRTHPLACE (city or town) (Stete or country)	hree	Accidant, suicide, or homicide? Date o	f injury, 19
18 10060.00	P	Where did Injury occur?(Specify city or town,	county and State)
17. INFORMANT (Address)	ma	Specify whether injury occurred in INDUSTRY, in HDME, o	r in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	dia 35	Mannar of injury	
Place of mory	Dete gril 2 19	Natura of injury	
19. UNDERTAKER 13 Z 7	forgang	24. Wes disasse or injury in my way raigted to occupation	f decaesed?
(Addrass) Comocofy	les mos	If so, spacify	n dycaesed:
20. FILED 14 11 19 38 V	Mush	(Signad) WWW / L	men , M.D.
	Registrar.	(Addrass V. Cleans	La Den
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	3858
1. PLACE OF	DEATH			(75)	1
County	Anne Ar	undel		Registration Dist. No. 21	
Village or City	Annapol	is		West .	2 Ward
Length of residen	ce in city or town where	death occurred 5	O yrs. / mos	of death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	
2. FULL NAMI	ANDREW	H. WILSO	N	Without	
(a) Residence:	ND. West	(Usual place	of abode)	St., 2 Ward. If nonresident give city or town an	
PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
male	white	OR DIVORCE WILDOW		21. DATE OF DEATH April 22 (Month) (Dey)	., 193 5 (Yaer)
5a. If married, widowed, HUSBAND of (or) WIFE of	Lucy He	len Wils	son	22. HEREBY CERTIFY, Thet Jattander	deceased from
6. DATE OF BIRTH (mo	1		1885	I lest sw h imaliva on april 193	5; death Is said
7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated eb ve, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
50 8. Trada, professio	1	6	ormin.	were es follows:	Date of one
cond of work		Larres	maker	Change Gladisliness	1034
J. Industry or busi				and the state of t	1.10.7
SAW MILL, E	BANK, etc	11 Total ti	ime (years)	Reute alcoholism	4/19/31
this occupati	on (month and	spai	nt in this	*	
12. BIRTHPLACE (city or	town)			Other Contributory Causes of importanca:	-
(State or country	Ma	ryland.	***************************************	_	
13. NAME Geo	rge Wilson	n			
13. NAME GOO	ty or town)			Name of operation Dete of	
(State of Coo		weden		What test confirmed diegnosis? Was there an	eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (cit	Eliza Ty	dings		23. If death was due to external ceuses (VIOLENCE) fill in elso the followin	ig:
16. BIRTHPLACE (cit		Annapol		Accident, suicide, or homicide? Date of injury	, 19
1 (Stata of Cot		Maryl		Where did injury occur?(Specify city or town, county and Sta	ate)
	napolis, 1		r.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION	or REMOVAL Dolis. Md.	Anr	24 35	Menner of injury	
			24,19	Nature of injury	
19. UNDERTAKER JO (Address) An	hn M. Tay napolis			24. Was diseasa or Injury In eny way related to occupetion of deceased?	
20. FILED 4 2		Mur	egistrar.	(Signed) Wallon Hoffmus (Address) Queropolis D	M. D.
	If more	blanks are needed, a	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. No. 1.	

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193

(Year)

Date of onset

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